REMARKS

This application has been carefully reviewed in light of the Office Action dated November 22, 2002. Applicant has amended claims 17, 19 and 22 and canceled claim 20. Reconsideration and favorable action in this case are respectfully requested.

The Examiner has rejected claims 17-24 under 35 U.S.C. §103(a) as being unpatentable over U.S. Pat. No. 5,890,129 to Spurgeon et al in view of U.S. Pat. No. 6,343,271 to Peterson et al. Applicants have reviewed these references in detail and do not believe that they disclose or make obvious the invention as claimed.

As stated in the previous response, the Spurgeon reference provides a system which correlates information in a health provider database with information in an insurance company database through an information exchange computer using push technology. In practice, even if an insurance company would provide open access to its information, which is not common, insurance company information is often not timely and can be the cause for denials to referral requests. In Spurgeon, a denial by the insurance company leaves the health provider in no better position than it would be if it used manually created referral requests. A nurse will need to call the insurance company and determine the problem. Further, resolution of the problem will not eliminate subsequent denials due to the same problem.

The Examiner states that Spurgeon fails to expressly disclose wherein the referral authorization circuitry forwards requests that cannot be authorized electronically to a third party human researcher. In this regard, the Examiner has added the Peterson reference, which is directed towards a claims processing system for electronically reviewing and adjudicating medical insurance claims.

The Peterson reference, in combination with Spurgeon, fails to teach the claimed subject matter. First of all, the choice between automatic adjudication and manual

adjudication by a claim shop is made in Peterson in accordance with a pre-checking process at the healthcare providers site (col. 10, line 50 through col. 13, line 13) or, if not prechecked at the healthcare provider's site, by the payment system (col. 13, lines 23-38). Peterson does show a system that invokes a manual adjudication responsive by a denial of a claim by the insurance company.

Further, the Peterson reference, either alone or in conjunction with Spurgeon, does not show a system where denials cause an update of the database. This is an important aspect of the invention, since it minimizes the number of referrals that must be processed manually. Further, denied referrals generally require additional work by the healthcare provider and the patient in order to obtain an appointment with a new referral physician. By having a dynamically corrected up-to-date database, rather than periodically updated databases supplied by the insurance companies, the number of denied referrals is significantly decreased.

In this regard, it should be noted that the Examiner states, regard to claim 20 (the subject matter of which has been added to claims 17 and 22 in this Amendment) that Spurgeon teaches a global database which is corrected responsive to a denial referral at col. 10, line 65 through col. 11, line 11. This passage has been reviewed in great detail and Applicants do not believe that the claimed subject matter is shown. The cited text states:

> The insurer or review agency processes the prior authorization request and makes a determination of approval or denial. Processed prior authorization requests are transmitted over the insurer local area network, the Internet or through POTS lines to the information-exchange computer, passing through the translator which automatically translates the processed prior authorization for storage in the exchange database. The information-exchange system then transmits approved prior authorization requests to a

specialist provider interface computer, configured similarly to a provider interface computer to receive processed prior authorizations and the provider interface computer. Denied prior authorizations are preferably transmitted to the provider interface computer only.

This section only states that denied authorizations are sent to the healthcare provider. This does not correct the database such that future referrals are not made to the same physician (for the same healthcare plan), resulting in future denials.

Accordingly, Applicants respectfully request allowance of claims 17-19 and 21-24.

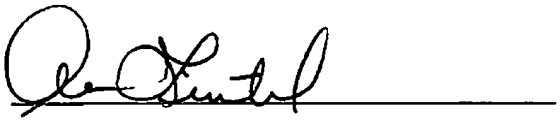
An extension of one month is requested and a Request for Extension of Time under § 1.136 with the appropriate fee is attached hereto.

The Commissioner is hereby authorized to charge any fees or credit any overpayment, including extension fees, to Deposit Account No. 01-1615 of Anderson, Levine & Lintel, L.L.P.

Applicants have made a diligent effort to place the claims in condition for allowance. However, should there remain unresolved issues that require adverse action, it is respectfully requested that the Examiner telephone Alan W. Lintel, Applicants' Attorney at (972) 664-9595 so that such issues may be resolved as expeditiously as possible.

For these reasons, and in view of the above amendments, this application is now considered to be in condition for allowance and such action is earnestly solicited.

Respectfully Submitted,



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ZANS.10001NP Patent Amendment

Version with marking to show changes made:

Please cancel claim 20.

17 (Amended). A healthcare information system, comprising:

a plurality of provider office systems, each provider office system comprising circuitry for generating referral requests with reference to a database associating insurance healthplans with doctors;

referral authorization circuitry for:

receiving said referral requests,

generating electronic authorization requests to an associated insurance company responsive to ones of said referral requests,

receiving an electronic authorizations/denial for each electronic authorization request; [, and]

forwarding denied authorization requests to a third party human researcher for further research; and

updating said database responsive to said research.

B1

19 (Amended). The healthcare information system of claim 17 wherein said database comprises [and further comprising] a central information system having a global database of referral information in communication with said provider office systems.

B2

22 (Amended). A method of providing referral information, comprising the steps of:

providing a database associating insurance healthplans with doctors;

electronically receiving said referral requests generated by reference to said database from a plurality of provider office systems;

B3

generating electronic authorization requests to an associated insurance company responsive to ones of said referral requests;

receiving an electronic authorization or denial in response to each electronic

B3 Cont'd

authorization request; [and]

forwarding denied requests to a third party human researcher for further research; and

updating said database responsive to said research.